

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101551462

FILED DATE

30 Sep 05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		0				
5		0				
6		0				
7	1					
8		0				
9		0				
10		0				
11		0				
12	1					
13						
14						
15						
16						
17						
18						
19		2				
20		0				
21		0				
22		0				
23		0				
24		0				
25	1					
26	1					
27						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	42					
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

Charzitta Burt